

Attorney Docket No.: B0410/7275D1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Richard A. Gambale et al.

CONF. NO.:

6907

SERIAL NO.:

10/609.053

GROUP NO.:

3763

FILING DATE:

June 27, 2003

EXAMINER:

Catherine Serke Williams

TITLE:

CATHETER POSITIONING SYSTEMS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 24th day of April, 2007.

Debra M. Doherty

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is/are the following document(s):

- 1. Fee Transmittal;
- 2. Petition for Extension of Time;
- 3. Amendment and Reply; and
- 4. Return Postcard

If the enclosed papers are considered incomplete, the Mail Room or other persons are respectfully requested to contact the undersigned collect at (617) 261-3100.

A check in the amount of \$1,220.00 is enclosed to cover the filing fee. If the fee is insufficient, the balance may be charged to Deposit Account No. 50-1721, Reference No. **B0410/7275D1**. A duplicate of this letter is enclosed for accounting purposes.

Joyce C. Hersh Beg. No.: 42,890

KIRKPATRICK & LOCKHART PRESTON

GATES ELLIS LLP

State Street Financial Center

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Boston, Massachusetts 02111-2950

Customer No.: 022832 Tel.: (617) 261-3100

DATE: APRIL 24, 2007

APR 2 6 2007 FEE T

FEE TRANSMITTAL FY 2007

	Complete if Known	
Application Serial Number	10/609,053	,
Filing Date	June 27, 2003	
First Named Inventor	Gambale	
Group Art Unit	3763	
Examiner Name	Catherine Serke Williams	
Attorney Docket No.	B0410/7275D1	
Confirmation No.	6907	

Confirmation		ion No.	(6907		
METHOD OF PAYMENT			FEE CALCULATION (continued)			
1. A Payment Enclosed:			ITIONAL	FEES		
☐ Check ☐ Money Order ☐ Other		Large	Small			
2 771.	Commission of the state of the state of	. 114	Entity	Entity	Es Daniel de	F D
2. The Commissioner is hereby authorized to credit		Fee	Fee (\$)	Fee Description	Fee Paid	
or charge any fee indicated below for this submission to Deposit Account No. 50-1721.		(\$)	(3)			
Required Fees (copy of this sheet enclosed).		130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and		50	25	Surcharge - late provisional filing fee		
1.17.		~~	20	or cover sheet		
\boxtimes	Overpayment Credit.		130	130	Non-English specification	
3. Applicant claims small entity status.		2,520	2,520	Request for ex parte reexamination		
FEE CALCULATION		120	60	Extension for reply within first month		
1. FILING/S	SEARCH/EXAM/SIZE FEES		450	225	Extension for reply within second	
					month	
Large Entit			1020	510	Extension for reply within third month	1,020.00
Fee (\$)	Fee Description F	ee Paid	1590	795	Extension for reply within fourth	
			2160	1000	month	
300	Utility filing fee		2160 500	1080 250	Extension for reply within fifth month Notice of Appeal	
500	Utility search fee		500	250	Filing a brief in support of an appeal	
200	Utility exam fee		1000	500	Request for oral hearing	
250	Utility Size fee (each add'1 50 pgs. over 100)		400	400	Petitions to the Commissioner (Gp. I)	
200	Design filing fee		200	200	Petitions to the Commissioner (Gp. II)	
100	Design search fee		130	130	Petitions to the Commissioner (Gp. III)	
130 250	Design exam fee Design size fee (each add'l 50 pgs. over 100)		180	180	Submission of Information Disclosure Statement	
230	Design size fee (each add i 50 pgs. over 100)		790	395	Filing a submission after final	
•			',,	373	rejection (37 CFR 1.129(a))	
	Number Number Rate	Amount	790	395	For each additional invention to be	
	Filed Extra				examined (37 CFR 1.129(b))	
Total Claims	-20 = x \$50.00 =		100	100	Certificate of Correction for	
Independent			130	65	applicant's error Submission of Terminal Disclaimer	
Claims - 3 = x \$200.00 =		Other fee		Submission of Terminal Discianner		
- 5 X \$200.00		Other fee				
☐ Multiple Dependent Claim(s), if any \$360.00 =				(1)/		
TOTAL:						
SMALL ENTITY DISCOUNT:						
SUBTOTAL (1) (\$) 0.00 2. AMENDMENT CLAIM FEES						
					(\$) 1,020.00	
Remaini						, -,5=0.00
After Am	end. Paid For					
Total 13	-20 = 0 x \$50.00 =				SUBTOTAL (1)	0.00
Indep. 4	$-3 = 1 \times $200.00 =$				SUBTOTAL (2)	200.00
First Prese	entation of Multiple Dep. Claim + \$360.00 =				SUBTOTAL (3)	1,020.00
TOTAL: (\$)200.00 SMALL ENTITY DISCOUNT: (\$)						
]	SUBTOTAL (2)	(\$)200.00	1		TOTAL (\$)	1,220.00
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK				
Direct all correspondence to:				Respectfully submitted		
Patent Administrator		Date: April 24, 2007				
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